CALIFORNIA DEPARTMENT OF HEALTH SERVICES SAFE DRINKING WATER STATE REVOLVING FUND ENVIRONMENTAL INFORMATION FORM

(To be completed by applicant – attach additional sheets as needed)

General Information

Add	dress:		
City	/:Zip:		
Nan	Name of contact person for this project:		
Pho	one Number:		
Add	lress of project:Zip:		
City	Zip:		
Sect	tion, township, range, base and meridian:		
Exis	sting zoning at project site:		
	and describe any other related permits and other public approvals required for this providing those required by city, regional state and federal agencies.		
inci	uding those required by city, regional, state and federal agencies:		
Did	a previous CEOA Document cover the project?		
Did If ve	a previous CEQA Document cover the project?		
If ye	es, provide the name of the document:		
If ye Desc	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., application)		
If ye Desc	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applica cription)		
If ye Desc	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., application) Number of service connections:		
If ye Desc desc a.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applica cription) Number of service connections: Description of service area		
If ye Desc desc a.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applica cription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition)		
If ye Desc desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well:		
If ye Desc desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion:		
If ye Desc desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion: (3) Connections with other systems:		
If yes desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion: (3) Connections with other systems: (4) Emergency connection:		
If ye Desc desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion: (3) Connections with other systems:		
If yes desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion: (3) Connections with other systems: (4) Emergency connection:		
If ye Desc desc a. b.	es, provide the name of the document: cribe the existing system, if present (fill in blanks or provide attachment, e.g., applicatoription) Number of service connections: Description of service area Source information: (include name, capacity or flow, and condition) (1) Groundwater well: (2) Surface water diversion: (3) Connections with other systems: (4) Emergency connection:		

	(2)	Open reservoirs (name, surface area, capacity, and condition):
f.	-	describe how water is currently transmitted from the source(s) to the treatment es:
g.		describe how finished water is currently transmitted from the treatment/storage es to consumers (distribution system):
h. i.	Presen Water	t amount of water delivered:Current demand:quality problems in the last 3 years:
		fill in blanks or provide attachment, e.g., application description) ect objectives. If the object is to comply with certain regulations, name them:
Descri	t locatio	
Project map, t	t location opograp	ect objectives. If the object is to comply with certain regulations, name them: on (give description of the precise location and boundaries and attach detailed stre
Project map, to Constr. New v	t location avater sup	on (give description of the precise location and boundaries and attach detailed strephic map, and site plan):

b.	Storage facilities (1) Tanks (physical dimensions and capacity; any location changes; and describe enclosing structure, if applicable):
	Open reservoirs (surface area and capacity; any location changes):
c.	Transmission facilities (give size of pumps, and length and diameter of pipelines - indicate if pipelines will be located entirely within rights-of-way):
d.	Distribution facilities (give size of pumps, and diameter and length of mains – indicate if mains will be located entirely within rights-of-way):
e.	Appurtenant structures (list the dimension of any new structures and their purpose):
f.	Parking facilities:
g.	Staging areas:
h.	Proposed lighting:
Will a.	the project involve disposal of waste? yes no unknown If yes, identify the type of waste and the method and location of its disposal:
Desc	cribe any grading or excavation work, and any planned measures to restore area:
Will a. b.	the project involve an increase in capacity?

	c.	Needed to serve projected development?
9.		project involves a variance, conditional use, or rezoning application, state this and indicate y why the application is required:
10.	□Co □Co	k the appropriate box below. onstruction completed onstruction in progress Completion date: onstruction not started Start date: Completion date:
Envir	onmeni	tal Setting
within conve	the de yance l ttachme	cussion of all the following detailed elements as applicable; if an element is not present scribed area, give reasons or verify with investigative results. Consider all facilities; ines; storage, points of diversion; staging areas; and affected service area as applicable. ents if necessary. graphy and geology of the region Location of project area with regard to major topographical features:
	b.	Elevations and slopes on project site (for grading / excavation activities):
2.	c. Land a.	Attach any pertinent soil and geologic reports available for the site. use At project site:
	b.	Adjacent to project site:
	c.	Along pipeline alignments:
3.	d. Voqea	At the point of diversion:tation types
3.	Urbar Lands Ruder Grass Shrub Wood Fores	On Project Site Surrounding Area nized

	a.	General description of site vegetation:
	b.	Native trees (number and type on project site):
	c.	Graded area (% of project area):
4.	Fish	and wildlife (project site and surrounding area)
	a.	Dominant species:
	_	
	b.	Economically or recreationally significant species (such as game):
5.	Surf	ace water features (project site and surrounding area; give name, estimated distance from
<i>J</i> .		ect site and condition)
	a.	
	b.	Lakes:Streams:
	c.	Estuaries:
	d.	Potential wetlands:
	e.	
	f.	Lagoons, marshes and other water features: Is the project near a Wild and Scenic River?
		If yes, please provide the name of the river:
6.	Is the	e project site within a floodplain or subject to flooding? yes no unknown
	Attac	ch flood maps if available
7.	Agri	cultural land on project site (acres):
	a.	Will the project convert prime farmland, unique farmland, or farmland of statewide
		importance? yes no unknown
8.		e project site included on a list of hazardous material sites compiled by the Department of
		c Substances Control pursuant to Government Code 65962.5? yes no unknown
9.	Is the	e project located in a federal non-attainment area for any of the following air pollutants?
	a.	Ozone (O_3)
		(1) If yes, estimate annual project emissions of VOC and NOx (tons) resulting from
	,	construction and operation.
	b.	Carbon monoxide (CO)
		(1) If yes, estimate annual project CO emissions (tons) resulting from construction
	_	and operation.
	c.	Particulate Matter (PM ₁₀)
		(1) If yes, estimate annual project PM_{10} emissions (tons) resulting from construction
10.	Ia th	and operation yes no unknown
10.		e project located near an airstrip?
	a. b.	Does it have lights for night use?
	c.	Does it have a buffer zone, a safety plan, a land use plan or some other document that
	C.	indicates how it will avoid land use conflicts with surrounding properties?
	d.	Is any part of the project in the path of planes taking off or landing?
	۵.	

		If so,	If so, what are the new safety risks posed by that part of the project?			
11. 12.	If ye	e site on or next to a designated scenic highway?				
13.	Trad	litional c	cultural places (e.g. sacred lands):			
14. 15.	Land Land	ds withir	n the coastal zone jurisdiction?			
Are t	he follo ked yes	(attach	pacts or which is a second control of the project or its effects? Discuss below all items additional sheets as necessary).			
1. 2. 3. 4. 5.	Yes	No	Removal of mature native/heritage trees. Clearing of native vegetation and/or habitat. Interference with or blocking wildlife migration routes. Effect on a special status species. Interference with or substantial use of recreational facilities. Change in ocean, bay, lake, or stream water quality or quantity.			
9.			Alteration of existing drainage patterns. Change in existing features of any bays, tidelands, beaches, or hills, or substantial alteration of ground contours. Depletion of groundwater supplies.			
10. 11. 12.			Change in groundwater quality. Loss of mineral resources. Change in scenic views or vistas from existing residential areas, or public lands or roads.			
13. 14. 15. 16.			Change in pattern, scale or character of the general project area. Significant amounts of solid waste or litter. Change in dust, ash, smoke, fumes, or odors in the vicinity. Substantial change in noise or vibration levels in the vicinity (beyond the property			
17. 18. 19. 20. 21.			line). Site on filled land or on slopes of 10 percent or more. Use or disposal of hazardous materials, flammables, or explosives. Substantial change in demand for municipal services. Substantial increase in traffic. Substantial increase in fuel consumption (electricity, oil, natural gas, etc.). Related to a larger project or series of projects.			

Discussion:
Describe any known potentially significant environmental effects that may result if the project is implemented (attach additional sheets as necessary):
Describe any mitigation measures that will be incorporated into the project to avoid or reduce to less-than-significant any impacts described above (attach additional sheets as necessary):

Project alternatives considered (required for pr	rojects using federal equivalency funding):
Certification	
•	bove and in the attached exhibits present the data and to the best of my ability, and that the facts, statements, to the best of my knowledge and belief.
Signature:	Date:
Name:	Title: